

BP-A148.055

SEP 98

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

INMATE REQUEST TO STAFF

TO: (Name and Title of Staff Member) <i>J. Kozulla - (cell mgr)</i>	DATE: <i>6/10/2020</i>
FROM: <i>Kevin Wanner</i>	REGISTER NO: <i>16722-059</i>
WORK ASSIGNMENT: <i>Chapel</i>	UNIT: <i>211</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

I would like to inquire about my status of my release to home confinement under the CARES Act - Covid 19

*Thank you
Kevin*

(Do not write below this line)

DISPOSITION:

To be eligible for home confinement due to COVID-19, inmates are required to have a risk recidivism level of minimum; clear conduct for the previous 12 months; no gang activity or violence during incarceration; no detainers; a verifiable release plan; and have served 50 percent of their sentence or 25 percent of their sentence with 18 months or less remaining on their sentence; and be determined by health services to be at a higher risk for severe illness due to COVID-19, based on CDC guidance.

You meet all the minimum criteria except you have not served at least 50% of your sentence. Your referral was submitted for a recommendation of Direct Home Confinement. However, as you have a disqualifier, your referral was submitted to Central Office for Home Confinement Committee review. The Home Confinement Committee reviewed you and rendered the decision of deny.

Signature Staff Member <i>J. Kozulla</i>	Date <i>6/10/2020</i>
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6